

SAN LUIS OBISPO COUNTY
Permit Application to Repair an
Underground Hazardous Materials Storage Tank System

CK # _____

Permit #: _____

FACILITY Name: _____ Facility ID#: _____
Address: _____

Owner/Operator: _____ Contact: _____
Address: _____

CONTRACTOR: Name: _____ Contact: _____
Address: _____
Telephone: _____
License: Class: _____ Number: _____

TYPE OF CONSTRUCTION:

- ☐ Construct New Tank System
- ☐ Upgrade Existing Tank System
- ☐ Repair Existing Tank System

Describe tank system(s) to be constructed, upgraded or repaired, include secondary containment systems; leak detector system; overfill protection; spill containment; and hazardous materials to be stored:

ATTACH PLOT PLAN SHOWING:

___ Tank and Piping System(s)

___ Leak Detection System

___ Scale

___ Overfill Protection System

___ Property Lines

___ Existing Equipment

Signature, Title of Applicant: _____ Date: _____

FOR OFFICIAL USE ONLY

Permission to complete the specified repair is: ☐ Granted ☐ Denied Date: _____

By: _____ R.E.H.S.

Conditions _____